## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless corrects maintenance fee notifical	ed below or directed off	ng the Patent, advance on herwise in Block 1, by (	rders and notification a) specifying a new co	of m orres	naintenance fees w pondence address;	ill be i and/or	nailed to the current (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
20462 7590 07/16/2009 Certificate of Mailing or Transmission								niccion	
SMITHKLINE BEECHAM CORPORATION CORPORATE INTELLECTUAL PROPERTY-US, UW2220 P. O. BOX 1539					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
KING OF PRUSSIA, PA 19406-0939					(Depositor's name)				
					· (Signature)				
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/552,571	10/552,571 10/11/2005		Barry Barton			PB60213 4768			
TITLE OF INVENTION: PROCESS FOR IMPROVING THE MANUFACTURE OF CLAVAMS E.G. CLAVULANIC ACID									
		T 20070	I was to the state a		DDELL DATE TOOL	· T	TOTAL PERMINEN	TO A OTHER TOWNS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0		\$0		\$1510	10/16/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS		J			1	
LONG, SCOTT		1633	435-471000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							V. Lockenour		
Change of corresp Address form PTO/SE	or agents OR, alternatively, William T. Han								
"Fee Address" ind	" Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					<u></u>		
PTO/SB/47; Rev 03-0 Number is required.	2 registered patent attorneys or agents. If no name is 3 Sherry M. Knowles listed, no name will be printed.								
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	or typ	e)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Glaxo Group Limited Middlesex, England, UK									
The Governors of the University of Alberta, Edmonton, Alberta, CA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government									
Please check the appropri	iate assignee category or	categories (will not be p	nnted on the patent):	<u></u>	Individual — Co	rporati	on or other private gro	up entity Government	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
Issue Fee ☐ A check is enclos ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credi					I. Form PTO-2038	is atta	ched.		
					nereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number $\frac{19-2570}{}$ (enclose an extra copy of this form).				
5. Change in Entity State	tue (from status indicates	d above)	overpayment, to 1	Jepos	st Account Number	115	2370 (enclose an	extra copy of this form).	
	s SMALL ENTITY state		D b. Applicant is no	long	ger claiming SMAI	L ENI	TTY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the	d Publication Fee (if requestored Sta	uired) will not be accepte	d from anyone other the	nan th	ne applicant; a regi	stered a	ttorney or agent; or th	e assignee or other party in	
and the same of th		Pall			A	7)	/ , ,		
Authorized Signature (flushbur) Date Odober 12, 2005									
Typed or printed name Andrea V. Lockenour Registration No. 51,962									
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 Ctiality is governed by 35 d application form to the ons for reducing this buringinia 22313-1450. DC 13.1450.	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	on is required to obtain  1.14. This collection i  depending upon the i e Chief Information O COMPLETED FORM	or reis esti indivi office S TC	etain a benefit by the imated to take 12 raidual case. Any cor, U.S. Patent and by THIS ADDRESS	ne publ ninutes mment Tradem . SENI	to which is to file (and to complete, including s on the amount of tin ark Office, U.S. Depa of TO: Commissioner for	by the USPTO to process) g gathering, preparing, and the you require to complete riment of Commerce, P.O. for Patents, P.O. Box 1450,	

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.